

AT/ GP3764

Patent Application Application No. 09/171,732 Atty Docket No. 8043-84846

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re Application of: **CERTIFICATE OF MAILING** Michael Strobel, et al. I hereby certify that this paper is being deposited with the United States Postal Service as First-Class Mail in an envelope addressed **Entitled: Orthopedic Splint** Mail Stop Non-Fee Amendment, Commissioner for Patents, P.O. Box 1450, Serial No. 09/171,732 Alexandria, Virginia 22313-1450, on this Filed: October 8, 1998 December 17, 2004 Thom hl Thomas R. Vigil Group Art Unit: 3764 Red No. 24 542 **Examining Attorney:** Michael Brown

AMENDMENT E

TO: Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Dear Sir:

In response to the Office Action mailed on August 25, 2004, applicant requests that the application be amended as follows:

PTO/SB/17 (10-03)

Approved for use through 07/31/2006. OMB 0651-0032

Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
rwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

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)))	App	olication Number	09/171,732	•		
for FY 20	JU5	Filir	ng Date	October 8, 1998			
Effective 10/01/2004. Patent fees are subject to annual revision.			t Named Inventor	Michael Strobel et al.			
Applicant claims small entity status.	See 37 CFR 1.2	7 Exa	miner Name	Michael Brown			
		Art	Unit	3764			
TOTAL AMOUNT OF PAYMENT	(\$) \$60	.00 Atto	orney Docket No.	8043-84846			

Check Credit card Money Other None		FEE CALCULATION (continued)						
Check Credit card Money Other None		3. ADDITIONAL FEES						
Deposit Account:		Fee	Fee	Fee	Fee Description	Fee Paid		
Deposit Account 23-0920		(\$) 130	2051	(\$) 65	Surcharge - late filing fee or oath			
Number		50	2052	25	Surcharge - late provisional filing fee or cover			
Deposit Account WELSH & KATZ, LTD.		130	1053	130	Non - English specification			
Name The Director is authorized to: (check all that apply)	1053 1812	2,520		2,520	For filing a request for ex parte reexamination			
Charge fee(s) indicated below Credit any overpayments	1804	920*	1804	920*	Requesting publication of SIR prior to Examiner			
Charge any additional fee(s) or any underpayment of fee(s)		1.840*	1805	1.840*	action Requesting publication of SIR after Examiner			
Charge fee(s) indicated below, except for the filling fee		1,040	1805	•	action			
to the above-identified deposit account.		110	2251		Extension for reply within first month	60.00		
FEE CALCULATION	1252	430	2252		Extension for reply within second month			
1. BASIC FILING FEE	1253	980	2253	490	Extension for reply within third month			
Large Entity Small Entity	1254	1,530	2254		Extension for reply within fourth month			
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	1255	2,080	2255	1,040	Extension for reply within fifth month			
1001 790 2001 395 Utility filing fee	1401	340	2401		Notice of Appeal			
1002 350 2002 175 Design filing fee	1402	340	2402		Filing a brief in support of an appeal			
1003 550 2003 275 Plant filing fee	1403	300	2403		Request for oral hearing			
1004 790 2004 395 Reissue filing fee	1451	1,510	1451	1,510	Petition to institute a public use proceeding			
1005 160 2005 80 Provisional filing fee	1452	110	2452		Petition to revive - unavoidable			
SUBTOTAL (1) (\$)	1453	1,370	2453	685	Petition to revive - unintentional			
2. EXTRA CLAIM FEES FOR UTILITY AND	1501	1,370	2501	685	Utility issue fee (or reissue)			
Fee from		490	2502	245	Design issue fee			
Extra Claims below Fee Paid	1503	660	2503	330	Plant issue fee			
Total Claims	1460	130	1460	130	Petitions to the Commissioner			
Ctalms Multiple Dependent	1807	50	1807	50	Processing fee under 37 CFR § 1.17(q)			
Large Entity Small Entity	1806	180	1806	180	Submission of Information Disclosure Statement			
Fee Fee Fee Fee Description Code (\$)	8021	40	8021	40	Recording each patent assignment per property (times number of properties)			
1202	1809	790	2809	395	Filing a submission after final rejection (37 CFR § 1.129(a))	·		
1203 300 2203 150 Multiple dependent claims in excess of 3	1810	790	2810	395	For each additional invention to be examined (37 CFR § 1.129(b))			
1204 88 2204 44 ** Reissue independent claims	1801	790	2801	395	Request for Continued Examination (RCE)			
over original patent	1802	900	1802	900	Request for expedited examination			
1205 18 2205 9 ** Reissue claims in excess of 20 and over original patent		of a design application Other fee (specify)						
SUBTOTAL (2) (\$) \$0.00		•						
**or number previously paid, if greater; For Reissues, see above	*Rec	luced t	y Basic	Filing	Fee Paid SUBTOTAL (3) (\$)	\$60.00		

SUBMITTED BY		Complete (if applicable)						
Name (Print/Type)	Thomas R. Vigil	Registration No. (Attorney/Agent)	24,542	Telephone	(312) 655-1500			
Signature	Thoma h. Vigel			Date	Decemer 17, 2004			

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